

EXHIBIT A

GENEVA COUNTY JAIL

BOOKING SHEET

Probation Check Yes CAWarrant Book CA

Date 06/25/05 Time 4:30 PM
 Name Richardson DAVID E
(LAST) (FIRST) (MIDDLE)

Alias _____

Date of Arrest 06/25/05 Social Security No. 423-90-5464Race WHITE Sex MALE Age 34 Eyes BRO. Hair BRO.Ht. 5'-11" Wt. 170 DOB 05-28-70 Photo _____ F.P. _____Address 1604 ALFORD RD. SAMSON, AL.
(STREET) (APT.) (CITY) (STATE) (ZIP)Telephone _____ I.D. No. 5532746- A1

NCIC Check _____

Next of Kin _____ Relationship _____

Address _____
(STREET) (APT.) (CITY) (STATE) (ZIP)Charge POS. CONT. SUB Bond 2,500.00 Charge littering Bond 1,000.00Charge PRO. VIO. Bond NO Charge _____ Bond _____

Charge _____ Bond _____ Charge _____ Bond _____

ARRESTING OFFICER Annie Henderson
(PLEASE PRINT)Signature [Signature]
CO.

AGENCY _____

BOOKING OFFICER Mark Jackson
(PLEASE PRINT)RELEASE INFORMATION

I have received all properties taken from me by the Geneva County Sheriff's Department.

Signature of Person Released _____

Date of Release _____ Time _____ Type of Release _____

Signature of Releasing Officer _____

P.O.E. _____

OCCUPATION _____

P.O.B. _____

HOLD GENEVA CO. Greer Hughes

WARRANT # _____

WARRANT # _____

WARRANT # _____

WARRANT # _____

BOOKING SHEET

Inmate Name RICHARDSON DAVID E. Date 06/25/05 Time 4:30p

HEALTH SCREENING FORM

1. Have you ever had or been treated for: (mark box if answer is yes)

- | | |
|---|---|
| <input type="checkbox"/> a. Asthma | <input type="checkbox"/> g. Alcoholism |
| <input type="checkbox"/> b. Heart Trouble | <input type="checkbox"/> h. Mental Illness |
| <input type="checkbox"/> c. Hypertension | <input type="checkbox"/> i. Venereal Disease |
| <input type="checkbox"/> d. Diabetes | <input type="checkbox"/> j. Tuberculosis |
| <input type="checkbox"/> e. Epilepsy or Seizure | <input type="checkbox"/> k. Ulcer |
| <input type="checkbox"/> f. Drug Addiction | <input type="checkbox"/> l. Faintly of recent head injury |
| | <input type="checkbox"/> m. Hepatitis |

If any response was yes, please explain and give date of last treatment. _____

2. Are you allergic to anything? _____ If yes, what? _____

3. Have you ever been determined to be HIV positive? _____ If yes, when? _____

4. Are you currently taking any prescription medication? _____ If yes, what? _____

_____ For what? _____

5. Does the inmate require a special diet prescribed by a physician? _____ If yes, what? _____

_____ For what? _____

6. Do you have any other medical or mental problem we should know about? _____ If yes, what? _____

BOOKING SHEET

Inmate Name Richardson David, E. Date 06/25/ Time _____

1. Check One:

_____ This inmate was cooperative in responding to the above questions and allowing me to observe him.

☒ This inmate refused or was unable to cooperate and refused to answer my questions concerning his medical history and/or potential for suicide. Reason for inability:

2. I certify that I have today observed inmate Richardson, David E. asked him/her the questions listed on the Geneva County Jail's Booking Sheet, and accurately recorded my observation and his/her responses.

Nash Jackson.
Signature of Booking Officer

Date: 06/25/05

Time: 4:30 pm.

GENEVA COUNTY JAIL

I, Richardson David E, HAVE BEEN ADVISED BY
THE JAILER OF THE FOLLOWING;

ALL PROPERTY BROUGHT ON TO THE JAIL PREMISES ARE SUBJECT TO SEARCH BY
AUTHORIZED PERSONNEL FOR WEAPONS AND CONTRABAND

ALL INCOMING AND OUTGOING MAIL MAY BE CENSORED EXCEPT FOR
CORRESPONDENCE WITH COURT OFFICIALS

INMATE SIGNATURE

DATE

06/25/05

Mark Jackson
JAILERS SIGNATURE

DATE

06/25/05

EXHIBIT B

GENEVA COUNTY JAIL
Prisoner's Activity Sheet

Prisoner's Name:

RICHARD DAVID. EDWARD

06/25/05 SUBJECT ARRESTED BY ANNIE HENDERSON CO. ON
POSSESSION OF CONTROLLED SUBSTANCE (CRACK), VIOLATION
OF PROBATION. NO BOND

NOTE: GREG HUGHES NOTIFIED BY ANNIE HENDERSON AND J-A1.

6:25 Hold Placard a Hold to free a R ✓

6:28 move out of H/C photo - Inger Ask moks
to R/S - had NO problem

6:55 Q. 09/15/05 Bond set \$5500 Sub of 5000
litting 1,000. ✓

7:35 To R to DR Mithum - 1:25 p/m
Subj placed calls to several people
from exam Rm Phone. Subj prob. taken
by J-A1. (Mr ^{OFFICER} Weeks) (Det. Adams) (Bond Bonds)
Noted by J-35 by PK (CR)

EXHIBIT C

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

DAVID EDWARD RICHARDSON,)
)
 Plaintiff,)
)
v.) **Civil Action No. 1:05-cv-709-MHT-DRB**
)
GENEVA COUNTY JAIL, et al.)
)
 Defendants.)

AFFIDAVIT OF GREG WARD

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Greg Ward, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Greg Ward. I am over the age of nineteen and competent to make this affidavit.
2. I am the duly elected Sheriff of Geneva County, Alabama.
3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.
4. I state affirmatively that I neither acted, nor caused anyone to act, in such a manner as to deprive the Plaintiff of any right to which he was entitled.
5. The Geneva County, Alabama Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates

incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

6. It is the policy of the Geneva County, Alabama Sheriff's Department that all inmates confined in the Geneva County Jail be entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner.

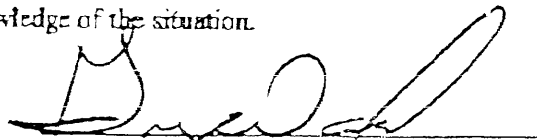
7. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment.

8. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the responsibility of the on

duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an appointment for the inmate with an appropriate health care provider. Any doubt as to whether an actual need exists for medical treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

9. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be entitled to safe and accurate dispensation and administration of prescription and nonprescription medication. All medication prescribed for an inmate by a health care provider during the time of an inmate's incarceration is obtained by the Sheriff's Department and distributed according to the doctor's directions. When distributing medications, members of the jail staff complete a medication log, which records the inmate's name, the medication, the date and time it was delivered, the initials of the officer delivering the medication, or supervising its delivery, and the inmate's initials or signature acknowledging receipt.

10. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


GREG WARD

SWORN TO and SUBSCRIBED before me this ^{24th} day of October, 2005.

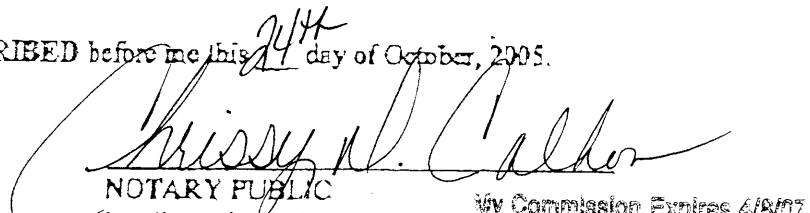

NOTARY PUBLIC
My Commission Expires: 4/8/07

EXHIBIT D

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA

DAVID EDWARD RICHARDSON,)
)
 Plaintiff,)
)
v.) Civil Action No. 1:05-cv-709-MHT-DRB
)
GENEVA COUNTY JAIL, et al.)
)
 Defendants.)

AFFIDAVIT OF CARL ROWE

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Carl Rowe, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Carl Rowe. I am over the age of nineteen and competent to make this affidavit.
2. I am the Jail Administrator for the Geneva County Jail.
3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail.
4. The Geneva County, Alabama Sheriff's Department operates the Geneva County Jail pursuant to sound policies and procedures which ensure that the rights of all inmates incarcerated therein are respected. Members of the jail staff are trained both in house and at certified training programs and academies regarding all aspects of their jobs, including the administration of medical care to inmates.

5. It is the policy of the Geneva County, Alabama Sheriff's Department that all inmates confined in the Geneva County Jail be entitled to a level of health care comparable to that available to the citizens in the surrounding community in order that the inmates' physical and emotional well-being may be maintained. All medical care rendered to inmates in the Geneva County Jail is delivered under the direction of a licensed health care practitioner. It is departmental policy that no member of the jail staff, or any other Sheriff's Department employee, may ever summarily or arbitrarily deny an inmate's reasonable request for medical services. All judgments regarding the necessity of medical treatment are left to a licensed health care practitioner

6. It is the policy of the Geneva County Sheriff's Department that all inmates incarcerated in the Geneva County Jail be allowed to request health care services at any time. Requests of an emergency nature may be made either verbally or in writing, but all requests for non-emergency care from state or county inmates must be submitted in writing. Members of the jail staff are charged with the responsibility of accepting requests for medical treatment from inmates and taking appropriate action to see that those requests are dealt with in a prompt and appropriate manner. Inmates with non-emergency medical problems are taken to see Dr. O.D. Mitchum in Geneva, Alabama. Inmates who have an emergency medical problem are taken to the Emergency Room for treatment. At no time did the Plaintiff request, either written or verbal, medical attention for any of his claims that are basis of his Complaint.

7. When a member of the jail staff receives a request for medical treatment from an inmate, it is his or her responsibility to turn that request form over to the responsibility of the on duty jailer or matron. It is then the on duty jailer or matron's responsibility to make an appointment for the inmate with an appropriate health care provider. Any doubt as to whether an

actual need exists for medical treatment is resolved in favor of the inmate, with medical services being offered. All requests of an emergency nature are handled immediately.

8. It is the policy of the Geneva County Sheriff's Department that persons incarcerated in the Geneva County Jail be entitled to safe and accurate dispensation and administration of prescription and nonprescription medication. All medication prescribed for an inmate by a health care provider during the time of an inmate's incarceration is obtained by the Sheriff's Department and distributed according to the doctor's directions. When distributing medications, members of the jail staff complete a medication log, which records the inmate's name, the medication, the date and time it was delivered, the initials of the officer delivering the medication, or supervising its delivery, and the inmate's initials or signature acknowledging receipt.

9. The Geneva County Jail is subject to routine maintenance and repairs on a regular basis by the custodian, and the facility is regularly sprayed for insects. Never did the Plaintiff complain to me about having been bitten by a spider, or any other kind of insect. If the Plaintiff had made such a complaint, or request for medical attention, I would have informed the proper health care provider and/or scheduled an appointment for the Plaintiff with the same.

10. Oftentimes inmates will purposefully overflow the toilets by stopping the toilet up with objects such as razors or even a toilet brush and then repeatedly flushing the toilet. On the occasion that Plaintiff is referring to, around the 4th or 5th of July, one of the jail toilets was purposefully overflowed by inmates. However, jail staff members ensured that the toilet was fixed that day.

11. Plaintiff never had to sit or sleep in water from a toilet that overflowed.

12. All inmates, including the Plaintiff, are always provided with a mattress and bed linens for sleeping in the event that the number of inmates exceeds the number of beds at the jail. Never has the Plaintiff had to sleep on the floor without a mattress and bed linens.

13. Plaintiff is not disabled. He walks well without any aid. Even so, Plaintiff never requested a walker or hand rails.

14. The Plaintiff requested to see a doctor because his back was bothering him. Therefore, an appointment was made for him to see Dr. O.D. Mitchum.

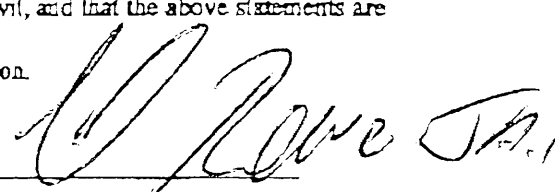
15. Internal grievance procedures at the Geneva County Detention Facility are available to all inmates. It is the policy of the Geneva County Detention Facility that inmates are permitted to submit grievances and that each grievance will be acted upon accordingly. Inmates are given an inmate grievance form upon their request to complete and return to a detention center staff member for any grievance they may have. It is further the policy and procedure of the Geneva County Detention Facility to place each such grievance in the inmate's file for a record of the same.

16. Upon my review of the Plaintiff's inmate file, there is no grievance filed by him concerning any aspects of the medical care he received while incarcerated in the Geneva County Detention Facility. Had I received such a grievance, I would have followed procedures and responded to the complaint accordingly. The only time I have seen a grievance form from the Plaintiff is the grievance form that was attached to his Complaint was not filed with the jail. I did not receive that grievance until I received the Complaint in this lawsuit.

17. I certify and state that the documents from Plaintiff's Inmate File provided to the Court which are attached to the Defendants' Special Report are true and correct copies of these records, kept at the Geneva County Jail in the regular course of business. I am the Custodian of these Records.

records, kept at the Geneva County Jail in the regular course of business. I am the Custodian of these Records.

18. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


CARL ROWE

SWORN TO and SUBSCRIBED before me this 14th day of October, 2005.


NOTARY PUBLIC

My Commission Expires. _____

My Commission Expires 4/9/07

EXHIBIT E

Sep 12 05 03:28p

p. 2

GENEVA COUNTY JAIL
INMATE REQUEST FORMNAME Daniel Robinson CELL 1417 DATE 6-20-05TELEPHONE CALL MEDICAL X DENTAL HEARING REQUEST GRIEVANCE VISIT PERSONAL PROBLEM OTHER SHERIFF JAIL ADMINISTRATOR JUDGE NOTARY

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

I have repeatedly asked for medical attention. Saturday June 25th I was put on the floor in holding cell with a broken back. Repeated attempts to see a doctor failed. Reminders although were incorporated were not. Finally Wed. we started a fight in the kitchen. I was taken to the hospital. I am in pain.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER MARTON JAIL ADMINISTRATOR SHERIFF JAILER U. Rame DATE 7-5-05 TIME 8:20 AM
SIGNATURE

TO BE PLACED IN INMATE'S FILE

Appt 7-13-05

EXHIBIT F

Ins: (none)
 Del. Bal: \$0.00
 Rec. Bal: \$503.00
 Check: *503.00*
 Paid:

Findings

EXHIBIT G

I. Mitchum, M.D.

Practice Office Notes

me David Richardson DOB: 8-28-70 Date: 7-13-05 MR No. 33209ALLERGIES: NKDA

HISTORY CC/HPL

① back pain - sleeps on floor - can't get up -② has rash - thinks insect bite - has saw bugs -③ limb in L arm blue - knotted

pt and office
phone to call + narrow
X-wife - called
tail info
L.H.

Agree with above history

Meds: (See Flowsheet)

① Albuterol ② loratabMed/Surg Hx: Fell out of tree - broke ribs - FX tail bone① FX back - 6-09-05 COPD? -

Fam/Soc Hx:

IN-HOUSE DIAGNOSTICS

(See attached) UA _____ UP _____ HCT _____ Hemocult _____ BS _____ 12 Lead EKG _____

X-Ray- _____

Results: See X-Ray Report

PHYSICAL EXAM: Const. Appearance _____

72 P 76 R 20 BP 120/90 WT —
 ASSESMENT: HAIR
 PLAN: Discharge

ABNORMALS

Eyes _____ Perilla; no redness; peri orbital swelling; non-icteric
 ENT _____ clear nares; pharynx; ear canals/TMs
 Neck _____ supple; no rigidity, bruits
 CV _____ nl sounds; no murmurs, heaves, gallops
 Resp _____ =chest expansion, CTA&P
 Breast _____ no nodularity, axillary lymphadenopathy
 GI/Abd _____ BSx4, no pain, masses, or organomegaly
 Rectal _____ smooth mucosa, no masses, nl prostate
 Msk _____ no skeletal deformity, good PMS
 Integ _____ nl skin, hair & nails
 Neuro _____ nl CN, sensation & reflexes
 Psych _____ A&O, nl affect
 Lymph _____ cerv _____ ax _____ ing _____ aur _____
 Male GU _____ no scrotal or penile tend, masses
 Female GU _____ nl ext gent, no urethral tend, masses
 _____ nl uterus, vag mucosa, cervix & adnexa

Injection: med/dose _____

site _____

EXHIBIT H

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

DAVID EDWARD RICHARDSON,)	
)	
Plaintiff,)	
)	
v.)	Civil Action No. 1:05-cv-709-MHT-DRB
)	
GENEVA COUNTY JAIL, et al.)	
)	
Defendants.)	

AFFIDAVIT OF DONALD WEEKS

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Donald Weeks, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Donald Weeks. I am over the age of nineteen and competent to make this affidavit.
2. I am a jailor at the Geneva County Jail and have been for 11 years. Before that I was Assistant Chief of Police in Samson, Alabama, for 8 years.
3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail.

4. The Geneva County Jail is subject to routine maintenance and repairs on a regular basis by the custodian, and the facility is regularly sprayed for insects.

5. Oftentimes inmates will purposefully overflow the toilets by stopping the toilet up with objects such as razors or even a toilet brush and then repeatedly flushing the toilet. On the occasion that Plaintiff is referring to, around the 4th or 5th of July, one of the jail toilets was purposefully overflowed by inmates. However, jail staff members ensured that the toilet was fixed that day.

6. Plaintiff never had to sit or sleep in water from a toilet that overflowed.

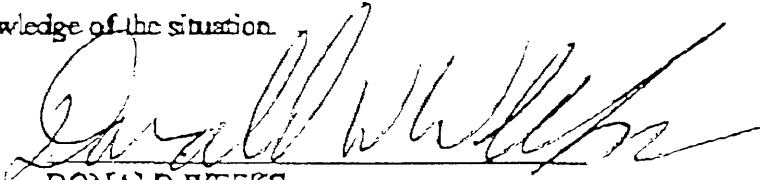
7. All inmates, including the Plaintiff, are always provided with a mattress and bed linens for sleeping in the event that the number of inmates exceeds the number of beds at the jail. Never has the Plaintiff had to sleep on the floor without a mattress and bed linens.

8. Plaintiff is not disabled. He walks well without any aid. Even so, Plaintiff never requested a walker.

9. Plaintiff requested to see the doctor because his back was bothering him. Therefore, I took him to see Dr. O.D. Mitchum. To the best of my knowledge, Plaintiff never made any other requests for medical care. If the Plaintiff had submitted a grievance form, it would have been placed in the Plaintiff's Inmate File.

10. I have not received a grievance from the Plaintiff concerning the allegations made the basis of his Complaint until I received the Complaint in this lawsuit with a grievance form attached.

11. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


DONALD WEEKS

SWORN TO and SUBSCRIBED before me this 24th day of October, 2005.

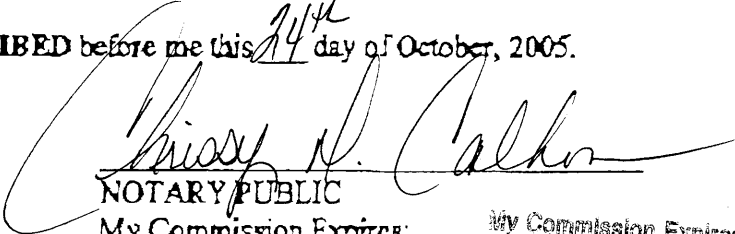

NOTARY PUBLIC
My Commission Expires: _____ My Commission Expires 4/8/07

EXHIBIT I

INMATE MEDICATION LOG (GENEVA COUNTY JAIL)

INMATE NAME David Richardson CELL R

DATE TIME MEDICATION OFFICER INMATE SIGN

7-13-05	5 ³⁰ PM	1 10 ⁰⁰ PM 1	MR	
7-14-05	12 ⁰⁰ PM	1	JK	
7-14-05	5 ⁰⁰ PM	1 5 PM 1	MR	
7-15-05	6 AM	- 1	MR	
7-15-05	12 ⁰⁰ PM	1		
7-15-05	5 PM	1, 1		
7-16-05	6 ⁰⁰ AM	1	MR	
7-16-05	NOON	1	MR	
7-16-05	5 PM	1	MR	
7-16-05	10 PM	1	RB	
7-17-05	6 AM	1	RB	
7-17-05	NOON	1	MR	
7-17-05	5 PM - 10 PM	1 x 2	MR	
7-18-05	6 AM	1	RB	
7-18-05	NOON	1	PBW	
7-18-05	5 ⁰⁰ PM	1 10 ⁰⁰ PM 1	MR	

1. Propoxyphene 1 Take every 6 hrs.

INMATE MEDICATION LOG (GENEVA COUNTY JAIL) R/S
 INMATE NAME DAVID RICHARDSON CELL 15

DATE TIME MEDICATION OFFICER INMATE SIGN

7/19/05	6 AM	1	MR	DR
7/19/05	12:00	1	MR	DR
7-19-05	5:00 PM	1 10:00 PM 1	MR	DR
7/20/05	6 AM	1	MR	DR
7/20/05	12:00	1	MR	DR
7-20-05	5:00 PM	1 10:00 PM 1	MR	DR
7-21-05	6:00 AM	1	RO	RO
7-21-05	12:00	1		DR
7-21-05	5:00 PM	1 10:00 PM 1	MR	DR
7-22-05	6:00 AM	1	RO	DR
7-22-05	Noon	1	PBW	DR
7-22-05	5:00 PM			

1-PROPXYPHONE - 1 TAB EVERY (6) hrs.

EXHIBIT J

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA**

DAVID EDWARD RICHARDSON,)
)
 Plaintiff,)
)
v.)
)
GENEVA COUNTY JAIL, et al.)
)
 Defendants.)

Civil Action No. 1:05-cv-709-MHT-DRB

AFFIDAVIT OF AMBER PAUL

STATE OF ALABAMA)
)
COUNTY OF GENEVA)

BEFORE ME, the undersigned authority and Notary Public in and for said County and State at large, personally appeared Amber Paul, who being known to me and being by me first duly sworn on oath deposes and says as follows:

1. My name is Amber Paul. I am over the age of nineteen and competent to make this affidavit.
2. I am the Jail Matron at the Geneva County Jail.
3. I am familiar with the Plaintiff due to his being incarcerated in the Geneva County Jail. I have no personal knowledge of any of the specific allegations that form the basis of Plaintiff's Complaint.
4. I am responsible for the female inmates and their needs. I do not work with the male inmates except to feed them or answer a knock if the Jailers on duty are too busy.
5. Plaintiff never asked me for medical attention.

6. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.

AMBER PAUL

SWORN TO and **SUBSCRIBED** before me this ____ day of October, 2005.

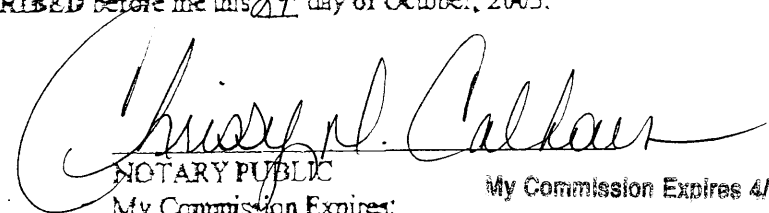
NOTARY PUBLIC

My Commission Expires: _____

6. I swear, to the best of my present knowledge and information, that the above statements are true, that I am competent to make this affidavit, and that the above statements are made by drawing from my personal knowledge of the situation.


AMBER PAUL

SWORN TO and SUBSCRIBED before me this 24th day of October, 2005.


NOTARY PUBLIC

My Commission Expires: _____

My Commission Expires 4/8/07

EXHIBIT K

CELL Right INMATES NAME David Richardson

THE JAIL IS NOT RESPONSIBLE FOR PROPERTY LEFT OVER 72 HOURS

GENEVA COUNTY JAIL
INMATE VISITATION SHEET

1. According to the Sheriff of Geneva County, you are authorized three visitors only.
2. You, the inmate are responsible for updating and changing your own visitation sheet.
3. Only those individuals listed on this sheet are authorized to see the inmate.
4. Remember visitation is a privilege that can be taken away if abused.

1. NAME Charles RichardsonADDRESS Geneva AL
CITY STATE ZIP
PHONE 684-21092. NAME Frances NoultingADDRESS 1604 Alfred Rd Samson AL 36477
CITY STATE ZIP
PHONE - 898-97923. NAME Sheila RichardsonADDRESS OZARK AL
CITY STATE ZIP
PHONE 389-8062

5. You, the inmate can only change the names on this sheet every fifteen (15) days.
6. All items for the inmate will be left with the Jail Administrator Monday through Friday 8:00 AM to 4:00 PM. Money and Cigarettes can be left on visitation night Wednesday 6:00 PM to 7:00 PM and Sundays 6:00 AM to 6:00 PM.

INMATE SIGNATURE: David Richardson DATE 6-28-05

DO NOT WRITE BELOW THIS LINE

SPECIAL INSTRUCTIONS _____

ACR467

ALABAMA JUDICIAL DATA CENTER

GENEVA COUNTY

JUDG: KENNETH W. QUAT

DOCKET DATE NOTICE

CASE: CC 2005 000324.00

DEFENDANT, ATTORNEY(S), AND ALL WITNESSES MUST APPEAR BEFORE THIS COURT
FOR ARRAIGNMENT AT THE TIME AND PLACE STATED BELOW.

DEFENDANT: RICHARDSON DAVID EDWARD
ATTORNEY: HARRISON DAVID J

DATE: 09/01/2005

TIME: 09:00 AM

CHARGE: POSS CONTR. SUBS.

PLACE: GENEVA COUNTY COURTHOUSE
FIRST FLOOR COURTROOM
200 COMMERCE ST
GENEVA, ALABAMA 36340

RICHARDSON DAVID EDWARD

1604 ALFORD RD

SAMSON

AL 36477 0000

NOTES:

DATE ISSUED: 08/12/2005

Gale Laye
GALE LAYE

, CLERK

OPERATOR: MAH

PREPARED: 08/12/2005

GENEVA COUNTY JAIL
INMATE REQUEST FORM

NAME Dan Fuberton CELL R4rt DATE 6-30-05
TELEPHONE CALL _____ MEDICAL _____ DENTAL _____ HEARING REQUEST _____
GRIEVANCE _____ VISIT _____ PERSONAL PROBLEM _____ OTHER Bond
SHERIFF _____ JAIL ADMINISTRATOR _____ JUDGE _____ NOTARY _____

BRIEFLY OUTLINE YOUR REQUEST AND GIVE TO THE JAILER/MATRON.

Could You Please find out what if any
bond in Enterprise is set for me. If
they set me a bond there, I can make
this one. Thanks allow me to make that
one as well.

DO NOT WRITE BELOW!!

FOR SHERIFF'S DEPARTMENT USE ONLY

ALL REQUESTS WILL BE ROUTED THROUGH JAILER/MATRON

JAILER X MARTON _____ JAIL ADMINISTRATOR _____ SHERIFF _____
JAILER J. Fuberton DATE 7-1-05 TIME 9-11
SIGNATURE

No Bond

TO BE PLACED IN INMATE'S FILE

on Probation V.O.